

Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                         |                      |                       |      |
|--|---|-------------------------|----------------------|-----------------------|------|
| Died at <i>Cecil Co Insane Asylum</i>    |   | County <i>Cecil</i>     |                      | State <i>MARYLAND</i> |      |
| Date of death <i>1907</i>                | Month <i>May</i>                        | Day <i>2</i>            | Age <i>7</i>         | Months                | Days |
| Sex <i>male</i>                          | Color or Race                           | Calver                  | Birth-place          | <i>Cecil Co</i>       |      |
| Occupation <i>none</i>                   | Where Residing if not at place of death |                         | <i>Insane Asylum</i> |                       |      |
| Married, Single or Widowed <i>single</i> | Name of Wife or Husband                 |                         |                      |                       |      |
| Father's Name <i>John Alexander</i>      | Father's Birthplace <i>Cecil Co</i>     |                         |                      |                       |      |
| Mother's Maiden Name <i>Ann</i>          | Mother's Birthplace <i>unknown</i>      |                         |                      |                       |      |
| Name of person giving information        |   | How related to deceased |                      |                       |      |

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

|  |                     |   |                 |
|--|---------------------|---|-----------------|
| Primary  | <i>Tuberculosis</i> | How long                                  | <i>one year</i> |
| Immediate  |                     | How long                                  |                 |
| Are the name, age, sex, color, date and place correctly given above? |                     | Signature of Physician <i>[Signature]</i> |                 |
|  |                     | Address                                   |                 |
| Accident or Suicide?   |                     |   |                 |

Cherry Hill

Name  
in  
Full

William Moore Bancroft.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

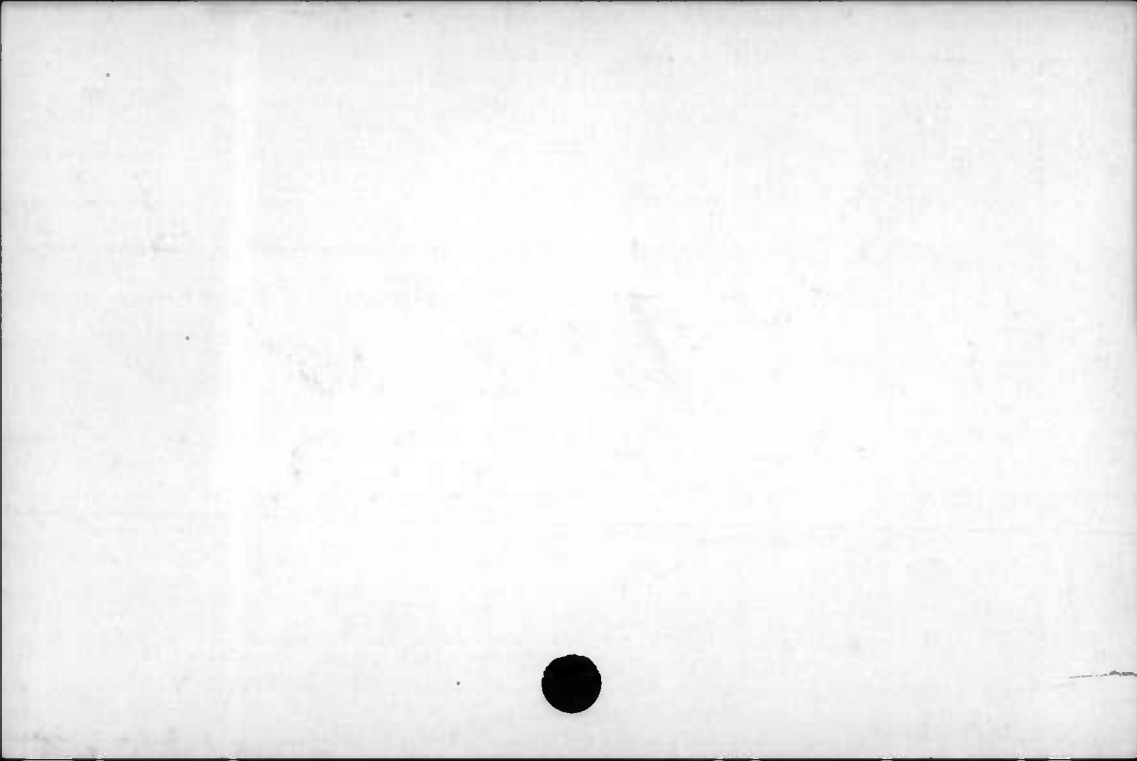
|   |  |   |  |                              |  |                 |  |
|---|--|---|--|------------------------------|--|-----------------|--|
| Died at <i>near Post Deposit</i>                        |  | Town <i>Cecil</i>   |  | County                       |  | MARYLAND        |  |
| Date of death <i>1907 May 31</i>                        |  | Month <i>May</i>  |  | Day <i>31</i>                |  | Age <i>3</i>    |  |
| Sex <i>male</i>   |  | Color or Race <i>white</i>                                  |  | Birthplace <i>Phila. Pa.</i> |  | Months <i>8</i> |  |
| Occupation  |  | Where Residing if not at place of death <i>Philadelphia</i> |  | Days                         |  |                 |  |
| Married, Single or Widowed                              |  | Name of Wife or Husband                                     |  |                              |  |                 |  |
| Father's Name <i>William M. Bancroft</i>                |  | Father's Birthplace <i>Phila.</i>                           |  |                              |  |                 |  |
| Mother's Maiden Name <i>Elizabeth M. Sherrard</i>       |  | Mother's Birthplace <i>Ireland.</i>                         |  |                              |  |                 |  |
| Name of person giving information <i>Judith B. Tome</i> |  | How related to deceased <i>Cousin.</i>                      |  |                              |  |                 |  |

## CAUSES OF DEATH

⑨

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Croupous Laryngitis</i>  | How long <i>24 hours</i>                     |
| Immediate <i>Asphyxia (Exhaustion)</i>  | How long                                     |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Ernest Rowland</i> |
|   | Address <i>Liberty Grove. Md.</i>            |
| Accident or Suicide?  |  |



Name  
in  
Full

Wm Brown bef

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                                |  |                 |               |
|--|--|--------------------------------|--|-----------------|---------------|
| Died at <u>Elkton</u> <sup>Town</sup>                    |  | <u>Leury</u> <sup>County</sup> |  | MARYLAND        |               |
| Date of death <u>1907</u>                                | Month <u>May</u>                               | Day <u>17</u>                  | Age <u>35</u> <sup>Years</sup>                   | Months <u>-</u> | Days <u>-</u> |
| Sex <u>Male</u>  | Color or Race <u>Colored</u>                   |                                | Birth-place <u>-</u>                             |                 |               |
| Occupation <u>Laborer</u>                                |  |                                | Where Residing if not at place of death <u>-</u> |                 |               |
| Married, Single or Widowed <u>Married</u>                | Name of Wife or Husband <u>Elizabeth Brown</u> |                                |  |                 |               |
| Father's Name <u>Charles Brown</u>                       | Father's Birthplace <u>W. Va.</u>              |                                | Mother's Birthplace <u>W. Va.</u>                |                 |               |
| Mother's Maiden Name <u>Millicent Boulcher</u>           | How related to deceased <u>Mother</u>          |                                |  |                 |               |
| Name of person giving information <u>Millicent Brown</u> |  |                                |  |                 |               |

## CAUSES OF DEATH

(29)

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Tuberculosis of Intestines</u>                                       | How long <u>6 mos.</u>                           |
| Immediate <u>-</u>  | How long <u>-</u>                                |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>H. Arthur Mitchell</u> |
|   | Address <u>Elkton Md.</u>                        |
| Accident or Suicide? <u>-</u>   |  |

34

Name  
in  
Full

Sarah Jane Bryson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at North East Town Cecil County

Date of death 1907 May Month 3 Day Age 13 Years 7 Months - Days

Sex Female Color or Race White Birth-place Elk Creek

Occupation Housekeeper Where Residing if not at place of death - - -

Married, Single or Widowed married Name of Wife or Husband John Bryson

Father's Name Wm Henry Pryor Father's Birthplace not known

Mother's Maiden Name Ann Gray Mother's Birthplace Cecil Co

Name of person giving information Wm J Bryson How related to deceased Son

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary General Debility

Immediate

How long one a short time

How long

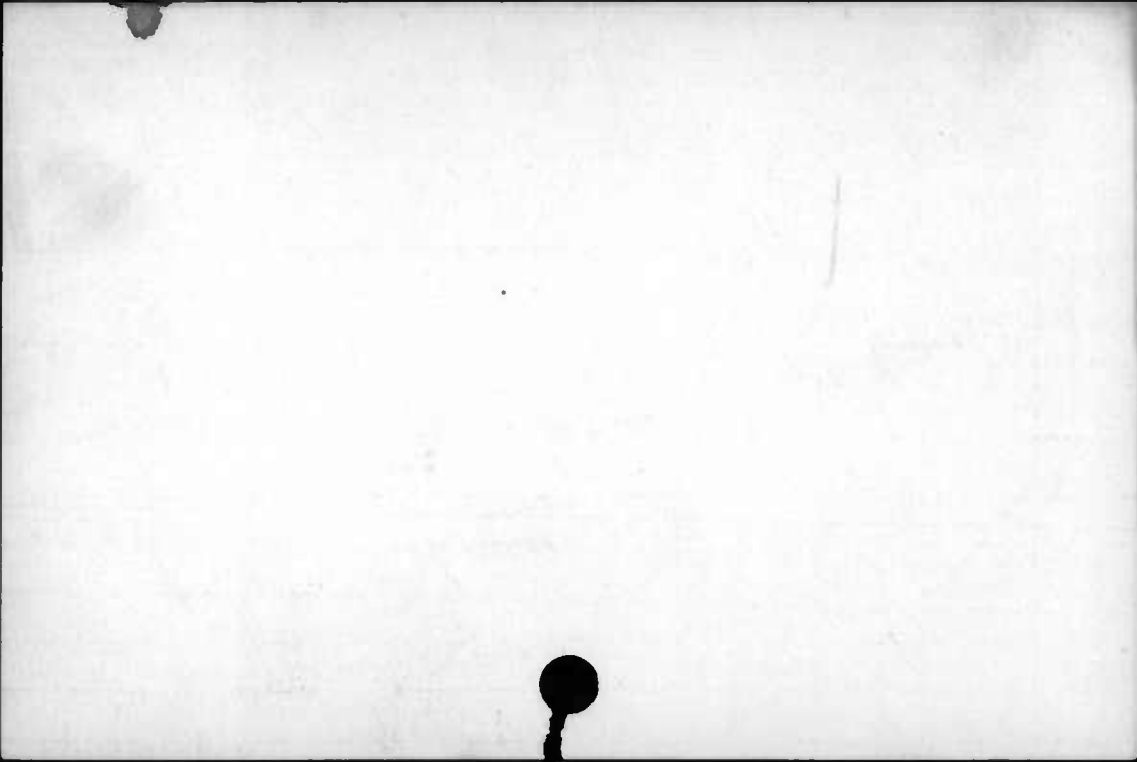
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Cecil Co

Accident or Suicide?





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Durham  
Eck Mills

Carr  
Cecil County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

5

20

Age

Sex

Female

Color or  
Race

White

Birth-  
place

md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Ruben Carr

Father's  
Birthplace

md

Mother's  
Maiden Name

Edith C. Miller

Mother's  
Birthplace

Pa

Name of person giving  
In formation

Edith C. Carr

How related  
to deceased

mother

CAUSES OF DEATH

8

Primary

Prematurity

How long

Short Born

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

C. D. Carrico M.D.,

Address

Cherry Hill,

md

Accident or Suicide?

PHYSICIAN  
OR CORONER

321



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Elfred Hutchinson* Town *Bayview Md* County *Local*

Died at *Bayview Md* Date of death *1907* Month *May* Day *12* Age *—* Years *—* Months *—* Days *2*

Sex *male* Color or Race *white* Birth-place *Bayview Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *✓* Name of Wife or Husband *—*

Father's Name *John Q. Hutchinson* Father's Birthplace *Md*

Mother's Maiden Name *Bessie B. Lunt* Mother's Birthplace *Md*

Name of person giving information *J. A. Hutchinson* How related to deceased *Father*

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

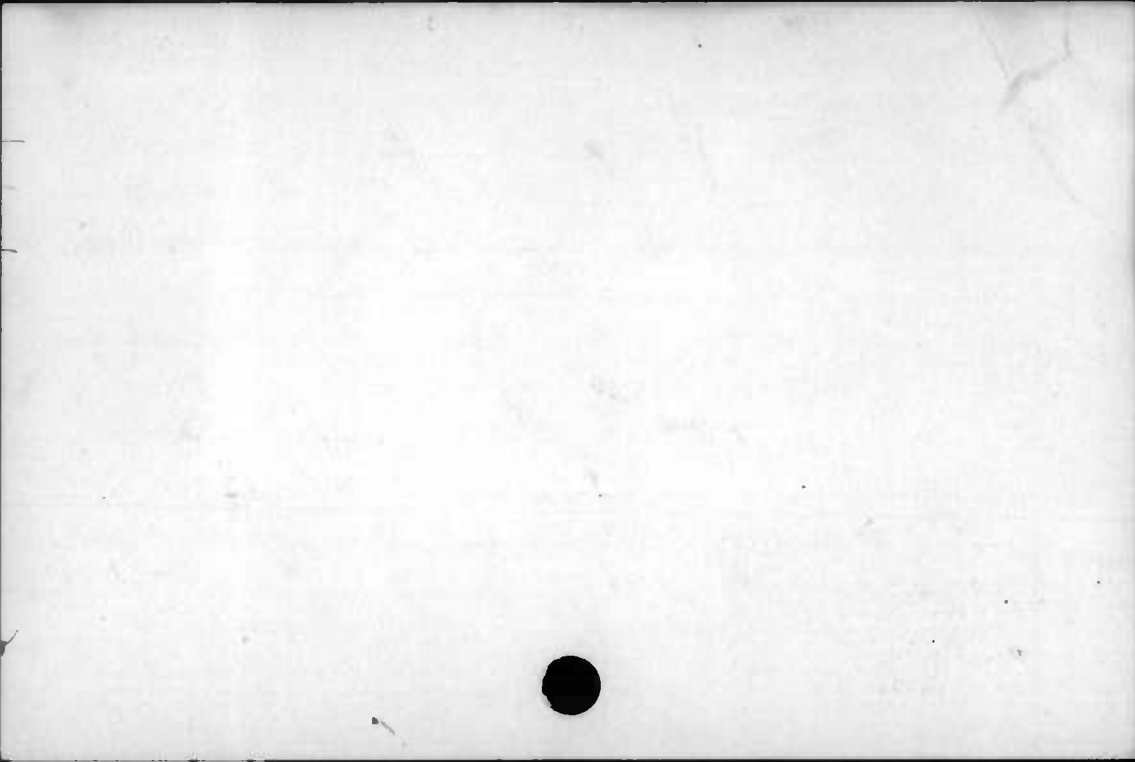
Primary *Imperfect closure of foramen ovale* How long *—*

Immediate *legionosis* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. H. J. Ford* Address *Bayview Md*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Benj Francis Clark*

Died at *Elkton* Town *Calvert* County

Date of death *1907* Month *May* Day *16* Age *6* Years *Weeks* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Elkton*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Frank Clark* Father's Birthplace *Calvert*

Mother's Maiden Name *Sarah Broadwater* Mother's Birthplace *Calvert*

Name of person giving information *Frank Clark* How related to deceased *Father*

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary *Meningitis* How long *-*

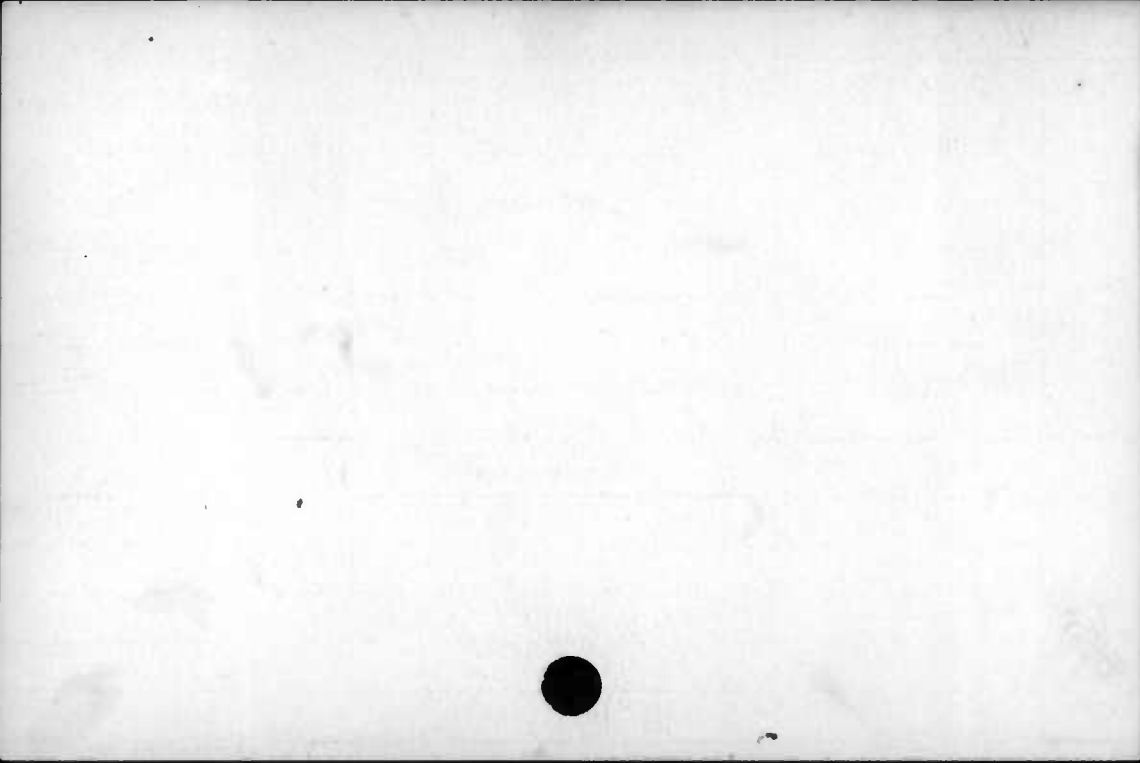
Immediate *Exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm. D. Cawley*

Address *Elkton*

Accident or Suicide? *-*



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

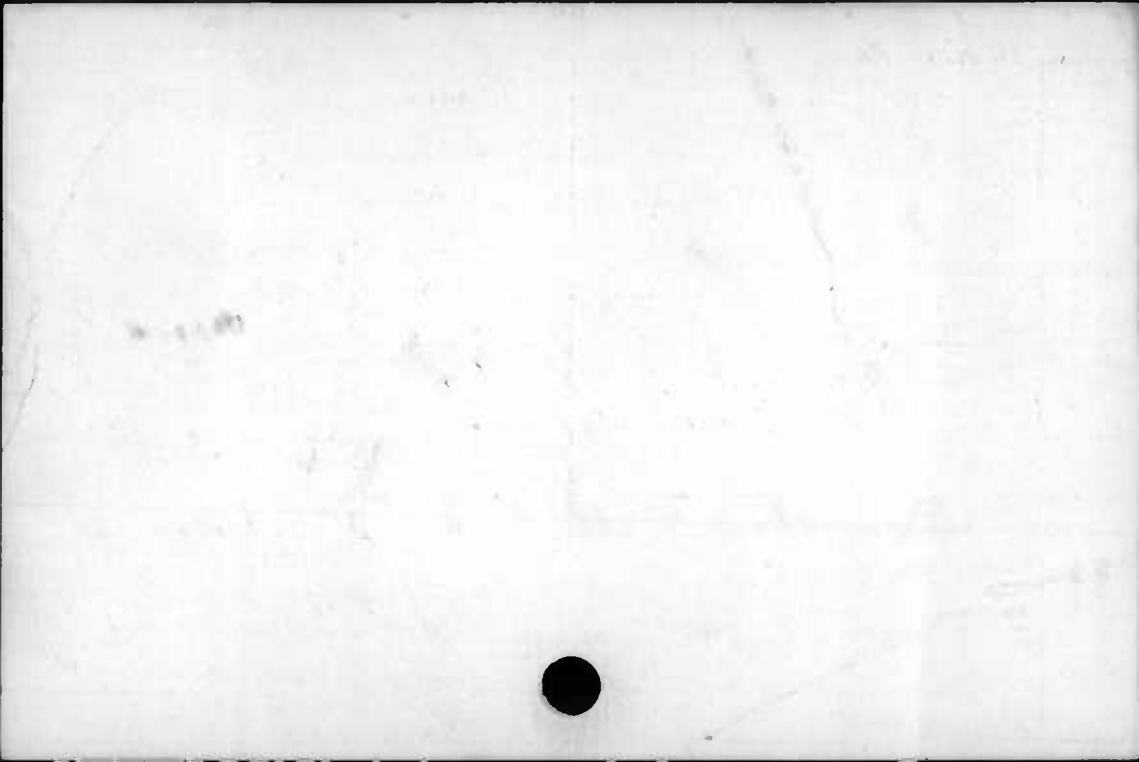
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                    |  |
|---|--|--|--|------------------------------------|--|
| Name in Full<br><b>John H Davis</b>                         |  | Town<br><b>New Locallton</b>                                       |  | County<br><b>beaul</b>             |  |
| Died at   |  | Date of death  |  | Age                                |  |
| Month<br><b>May</b>   |  | Day<br><b>28</b>   |  | Years<br><b>82</b>                 |  |
| Sex<br><b>Male</b>  |  | Color or Race<br><b>White American</b>                             |  | Birth-place<br><b>Locallton Md</b> |  |
| Occupation<br><b>Farmer</b>                                 |  | Where Residing if not at place of death<br><b>New Locallton Md</b> |  |                                    |  |
| Married, Single or Widowed<br><b>Single</b>                 |  | Name of Wife or Husband<br><b>Mary E Davis</b>                     |  |                                    |  |
| Father's Name<br><b>William Davis</b>                       |  | Father's Birthplace<br><b>Barab Co</b>                             |  |                                    |  |
| Mother's Maiden Name<br><b>Margaret Wellington</b>          |  | Mother's Birthplace<br><b>Harford Co</b>                           |  |                                    |  |
| Name of person giving information<br><b>William B Davis</b> |  | How related to deceased<br><b>Son</b>                              |  |                                    |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br><b>Hemiplegia</b>   | How long<br><b>About one year</b>           |
| Immediate<br><b>Exhaustion</b>   | How long<br><b>3 days</b>                   |
| Are the name, age, sex, color, date and place correctly given above?<br><b>yes</b> | Signature of Physician<br><b>J F Wright</b> |
|  | Address<br><b>Harford Md</b>                |
| Accident or Suicide?<br><b>no</b>  |   |





Name  
in  
Full

Ellen May England  
Town County

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Giron Town Cecil County

Date of death 1907 Month May Day 28 Age 40 Months 2 Days

Sex Female Color or Race White Birthplace Branhurst, Md.

Occupation  Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Harry R. England

Father's Name John Kirk Father's Birthplace Cecil Co, Md.

Mother's Maiden Name Margaret Crothers Mother's Birthplace Cecil Co, Md.

Name of person giving information Harry R. England How related to deceased Husband.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diabetes Mellitus How long 6 months

Immediate Diabetic Coma How long 40 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. S. Dore M.D.

Address Riding Sun Md

Accident or Suicide?

Interment - Rosebank Inf.

Mason & Rogers.

Undertakers

Name  
in  
Full

## CERTIFICATE OF DEATH

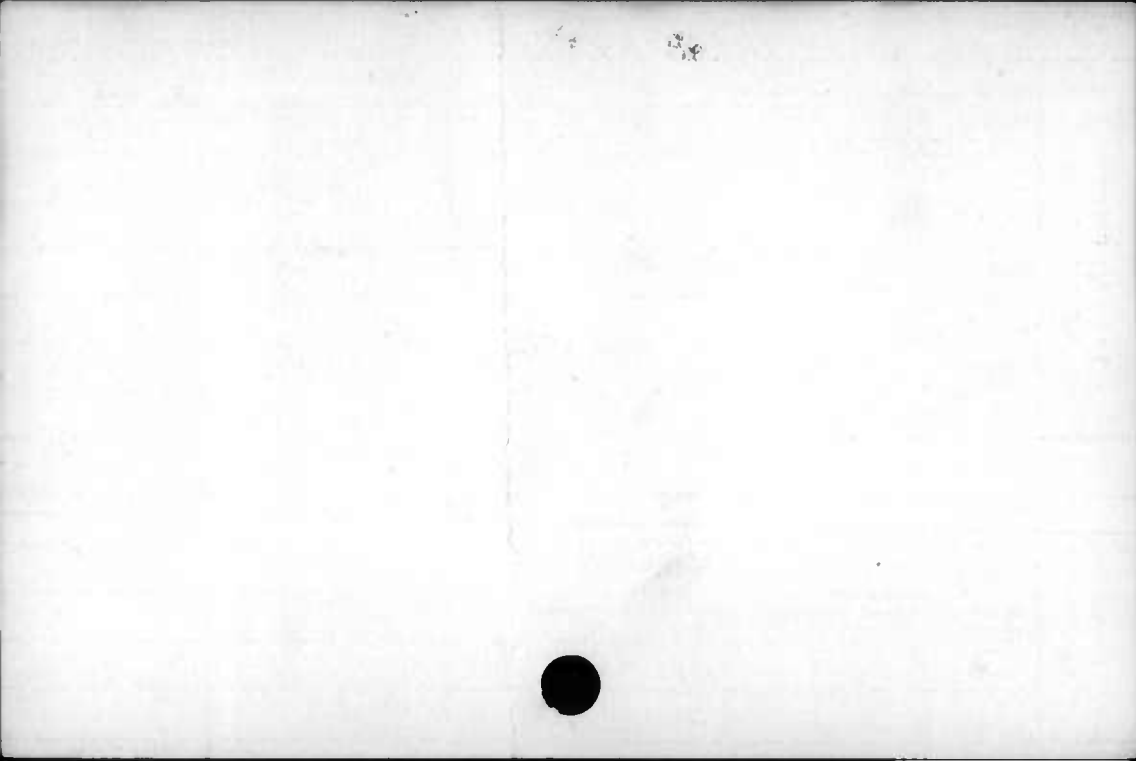
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                                |   |          |      |
|---|---|--------------------------------|---|----------|------|
| Died at <i>Port Deposit</i> <sup>Town</sup>           |   | <i>Cecil</i> <sup>County</sup> |   | MARYLAND |      |
| Date of death <i>1907</i>                             | Month <i>May</i>                            | Day <i>4</i>                   | Years <i>67</i>                         | Months   | Days |
| Sex <i>Female</i>                                     | Color or Race <i>White</i>                  |                                | Birth-place <i>Cecil Co</i>             |          |      |
| Occupation <i>Housewife</i>                           |   |                                | Where Residing if not at place of death |          |      |
| Married, Single or Widowed <i>Married</i>             | Name of Wife or Husband <i>Thomas Harry</i> |                                |   |          |      |
| Father's Name <i>Alexander McCullough</i>             | Father's Birthplace <i>Cecil Co</i>         |                                |   |          |      |
| Mother's Maiden Name <i>Sarah Crawford</i>            | Mother's Birthplace <i>cc cc</i>            |                                |   |          |      |
| Name of person giving information <i>Thomas Harry</i> |   |                                | How related to deceased <i>Husband</i>  |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Hepatic Colic</i>  | How long <i>2 Days</i>                    |
| Immediate <i>Shock</i>  | How long                                  |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>J. E. Brown</i> |
|   | Address <i>Port Deposit Md</i>            |
| Accident or Suicide?  |   |



Name  
in  
Full

Leonard W Knight - Jr

## CERTIFICATE OF DEATH

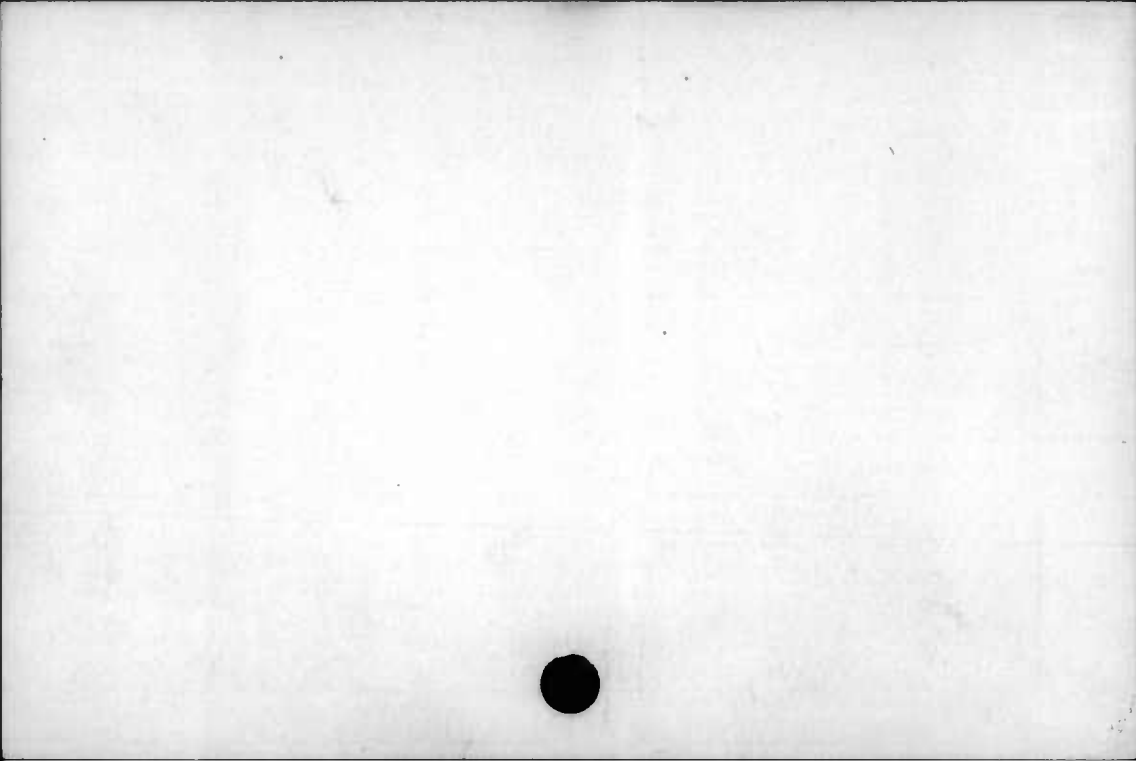
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                  |                      |                         |                         |               |
|---|------------------|----------------------|-------------------------|-------------------------|---------------|
| Died at <i>Rock Spgs</i>                |                  | County <i> Cecil</i> |                         | MARYLAND                |               |
| Date of death                           | 1907             | Month                | May                     | Day                     | 27            |
| Age                                     | Years            |                      | Months                  |                         | 3 Days        |
| Sex                                     | male             |                      | Color or Race           | white                   |               |
| Occupation                              | min. Drpr        |                      | Birthplace              | Rock Springs            |               |
| Where Residing if not at place of death |                  |                      |                         |                         |               |
| Married, Single or Widowed              | Single           |                      | Name of Wife or Husband |                         |               |
| Father's Name                           | Leonard W Knight |                      |                         | Father's Birthplace     | Harford Co Md |
| Mother's Maiden Name                    | Lora A Boger     |                      |                         | Mother's Birthplace     | Cecil Co Md   |
| Name of person giving information       | Leonard W Knight |                      |                         | How related to deceased | Father        |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                   |                          |               |
|--|-------------------|--------------------------|---------------|
| Primary  | <i>Aelectasis</i> | How long                 | <i>3 days</i> |
| Immediate  | <i>~~~~~</i>      | How long                 | <i>~~~~~</i>  |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician   |               |
| <i>yes</i>   |                   | <i>Geo. W. Gillespie</i> |               |
|  |                   | Address                  |               |
|  |                   | <i>Pleasant Grove Pa</i> |               |
| Accident or Suicide?   |                   |                          |               |



Name  
in  
Full

## CERTIFICATE OF DEATH

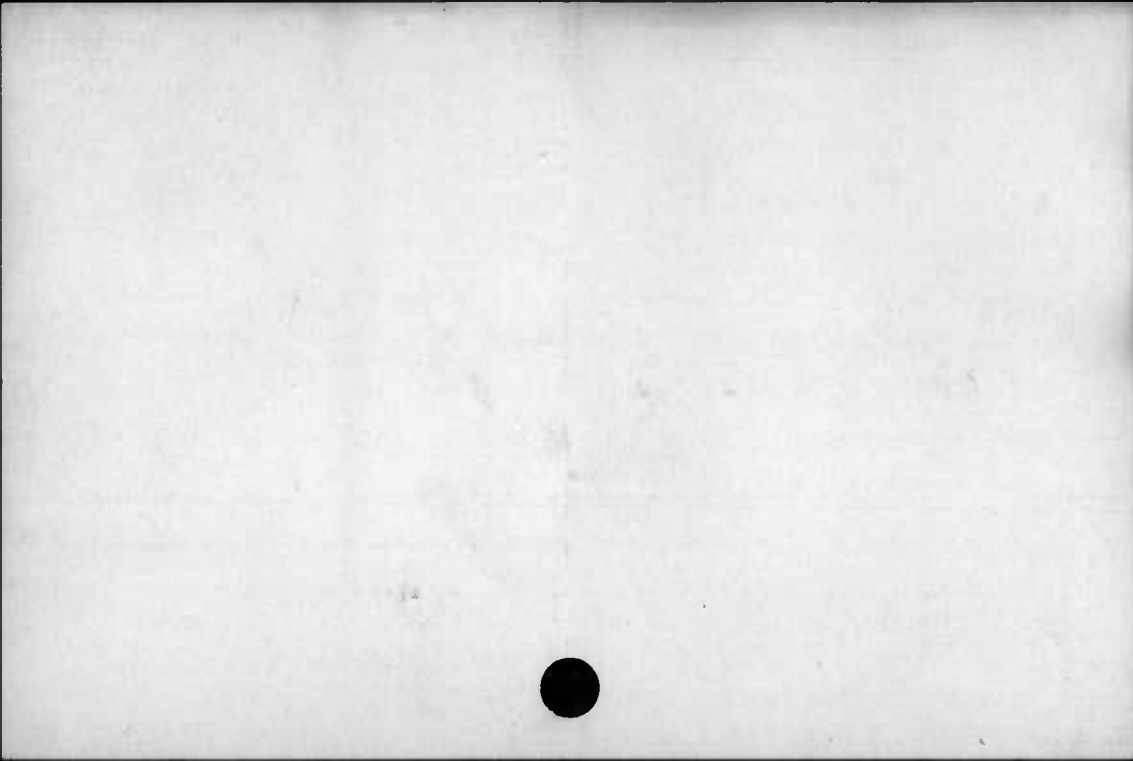
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                            |                   |  |        |                    |                |  |
|--|----------------------------|-------------------|--|--------|--------------------|----------------|--|
| Died at <i>near, U. Smith</i>                          |                            | Town <i>Cecil</i> |  | County |                    | MARYLAND       |  |
| Date of death <i>1907</i>                              | Month <i>May</i>           | Day <i>4</i>      | Age <i>18</i>                                    | Years  | Months <i>4 mo</i> | Days <i>10</i> |  |
| Sex <i>Male</i>  | Color or Race <i>White</i> |                   | Birthplace <i>New Castle Co. Del.</i>            |        |                    |                |  |
| Occupation <i>Farmer</i>                               |                            |                   | Where Residing if not at place of death <i>—</i> |        |                    |                |  |
| Married, Single or Widowed <i>Single</i>               |                            |                   | Name of Wife or Husband <i>—</i>                 |        |                    |                |  |
| Father's Name <i>Henry L. Niff</i>                     |                            |                   | Father's Birthplace <i>Lancaster Co. Pa.</i>     |        |                    |                |  |
| Mother's Maiden Name <i>Addie Clayton</i>              |                            |                   | Mother's Birthplace <i>New Castle Co. Del.</i>   |        |                    |                |  |
| Name of person giving information <i>Henry L. Niff</i> |                            |                   | How related to deceased <i>Father</i>            |        |                    |                |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                                   |  |               |
|---|-----------------------------------|--|---------------|
| Primary   | <i>Basalbro Spinal Meningitis</i> | How long   | <i>5 days</i> |
| Immediate   | <i>...</i>                        | How long   | <i>...</i>    |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> |                                   | Signature of Physician <i>Chas. S. Pritchard</i> |               |
|   |                                   | Address <i>Middletown, Del.</i>                  |               |
| Accident or Suicide? <i>—</i>   |                                   |  |               |





Name  
in  
Full

*Myrtle Pearce*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

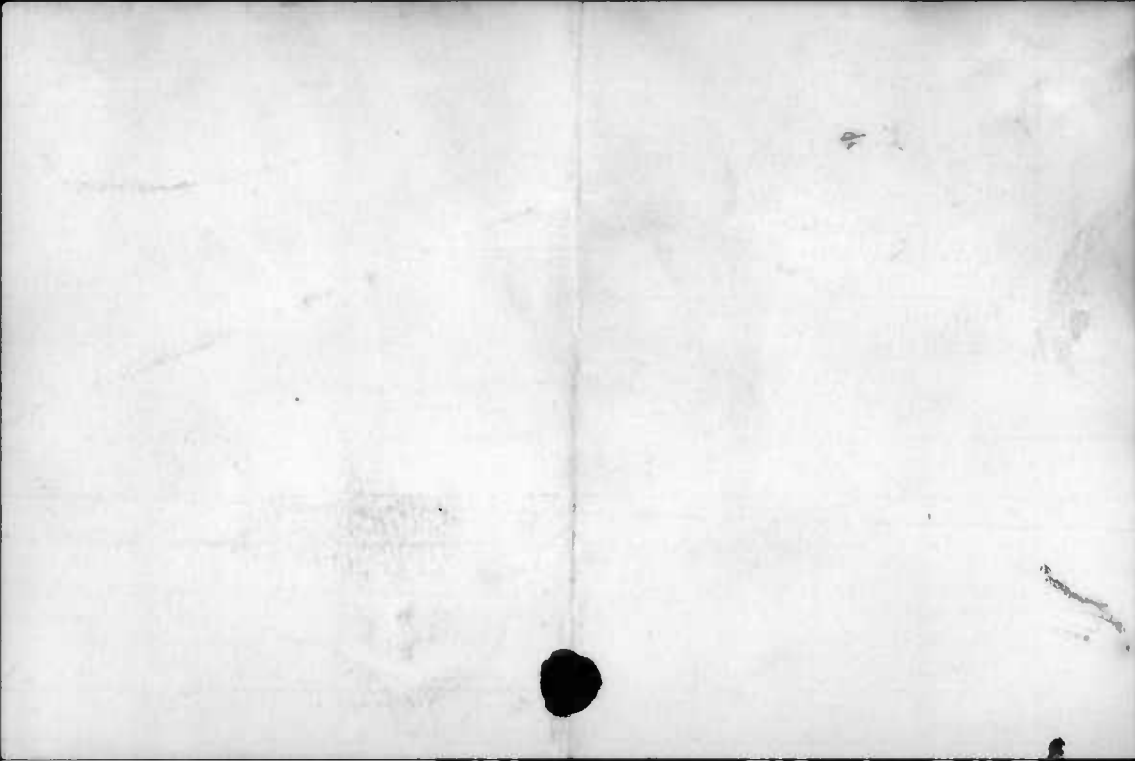
|                                   |  |                         |   |                 |                 |
|-----------------------------------|--|-------------------------|---|-----------------|-----------------|
| Died at <i>Oshroon</i> Town       |  | County <i>Cecil</i>     |   | MARYLAND        |                 |
| Date of death                     | <i>1907</i> Month <i>May</i> Day <i>27</i> | Age                     | <i>24</i> Years                         | Months          | Days            |
| Sex                               | <i>Female</i>                              | Color or Race           | <i>White</i>                            | Birth-place     | <i>Cecil Co</i> |
| Occupation                        | <i>Domestic</i>                            |                         | Where Residing if not at place of death |                 |                 |
| Married, Single or Widowed        |  | Name of Wife or Husband |   |                 |                 |
| Father's Name                     | <i>George L Pearce</i>                     |                         | Father's Birthplace                     | <i>Cecil Co</i> |                 |
| Mother's Maiden Name              | <i>Cassie Lynne</i>                        |                         | Mother's Birthplace                     | <i>Cecil Co</i> |                 |
| Name of person giving information | <i>Geo L Pearce</i>                        |                         | How related to deceased                 | <i>father</i>   |                 |

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

|  |                         |                           |                       |
|--|-------------------------|---------------------------|-----------------------|
| Primary  | <i>Bright's Disease</i> | How long                  | <i>about 3 months</i> |
| Immediate  | <i>Stomach</i>          | How long                  | <i>4 weeks</i>        |
| Are the name, age, sex, color, date and place correctly given above? |                         | Signature of Physician    |                       |
|  |                         | Address                   |                       |
|  |                         | <i>J. H. Peeples M.D.</i> |                       |
|  |                         | <i>Kirks Mills Pa.</i>    |                       |
| Accident or Suicide?   |                         |                           |                       |



## CERTIFICATE OF DEATH

|  |                       |                                |  |                          |                               |
|--|-----------------------|--------------------------------|--|--------------------------|-------------------------------|
| Died at <b>Elk River</b> <sup>Town</sup> |                       | <b>Cecil</b> <sup>County</sup> |  | <b>MARYLAND</b>          |                               |
| Date of death                            | <b>1907</b>           | Month <b>May</b>               | Day <b>25</b>                                    | Age <b>77 yrs.</b>       | Months <b>—</b> Days <b>—</b> |
| Sex                                      | <b>male</b>           |                                | Color or Race <b>white</b>                       | Birth-place              | <b>France</b>                 |
| Occupation                               | <b>Farmer</b>         |                                | Where Residing if not at place of death <b>—</b> |                          |                               |
| Married, Single or Widowed               | <b>married</b>        |                                | Name of Wife or Husband                          | <b>Stemantine Racine</b> |                               |
| Father's Name                            | <b>George Racine</b>  |                                |  | Father's Birthplace      | <b>France</b>                 |
| Mother's Maiden Name                     | <b>not known</b>      |                                |  | Mother's Birthplace      | <b>not known</b>              |
| Name of person giving information        | <b>Charles Racine</b> |                                |  | How related to deceased  | <b>son</b>                    |

(179)

|   |                        |                          |                 |
|---|------------------------|--------------------------|-----------------|
| Primary   | (179)                  | How long                 | <i>One year</i> |
| Immediate   | <i>A heart</i>         | How long                 |                 |
| Are the name, age, sex, color, date<br>and place correctly given above? | Signature of Physician | <i>B. H. H. H. H. H.</i> |                 |
|   | Address                | <i>North - East</i>      |                 |
| <del>Accident</del> Outside?  |                        |                          |                 |

Elkhorn

Name  
In  
Full

William Ready

## CERTIFICATE OF DEATH

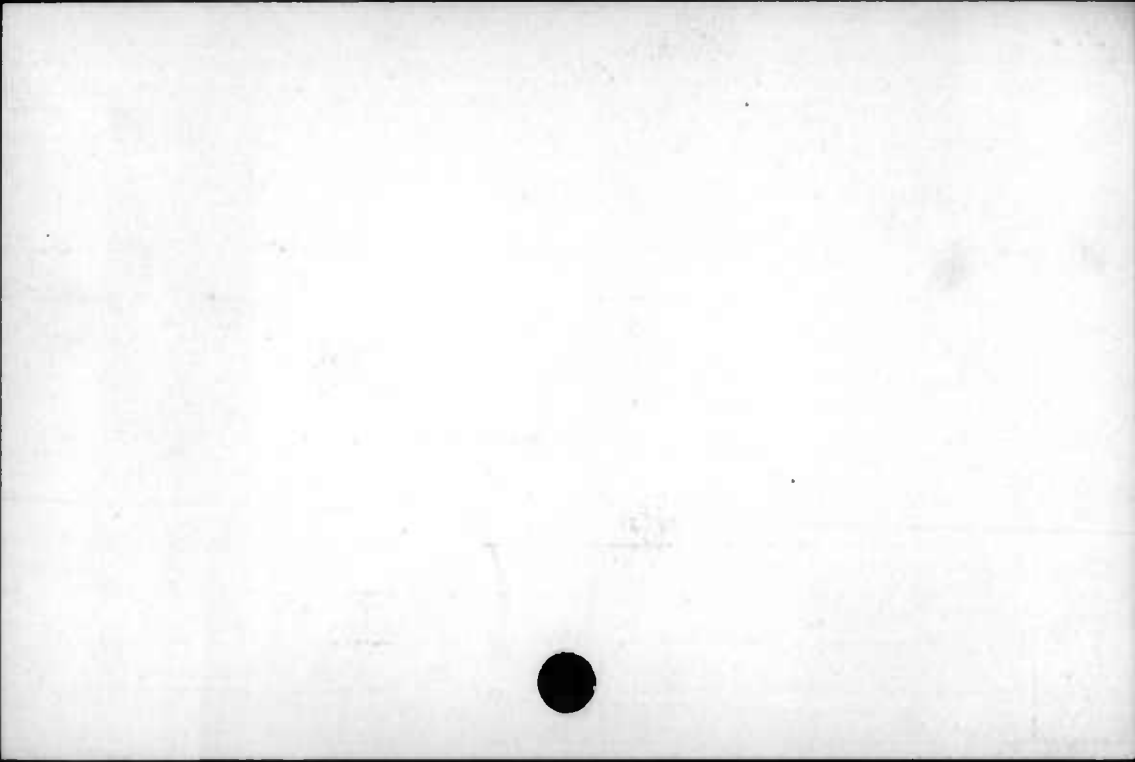
TO BE ANSWERED BY  
NEAREST FRIEND

|  |                    |                                |                         |                      |               |
|--|--------------------|--------------------------------|-------------------------|----------------------|---------------|
| Died at <i>Cherry Hill</i> <sup>Town</sup> |                    | <i>Cecil</i> <sup>County</sup> |                         | MARYLAND             |               |
| Date of death                              | <i>1907</i>        | Month <i>May</i>               | Day <i>22</i>           | Years <i>40</i>      | Age <i>40</i> |
| Sex  | <i>Male</i>        |                                | Color or Race           | <i>White</i>         |               |
| Occupation                                 | <i>Laborer</i>     |                                | Birthplace              | <i>Md. Cecil Co.</i> |               |
| Where Residing if not at place of death    |                    |                                | <i>Alms house</i>       |                      |               |
| Married, Single or Widowed                 | <i>Single</i>      |                                | Name of Wife or Husband |                      |               |
| Father's Name                              | <i>Not known</i>   |                                | Father's Birthplace     | <i>Not known</i>     |               |
| Mother's Maiden Name                       | <i>Not known</i>   |                                | Mother's Birthplace     | <i>Not known</i>     |               |
| Name of person giving information          | <i>John Mahony</i> |                                | How related to deceased | <i>brother</i>       |               |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |                        |            |          |                        |
|--|----------------------|------------------------|------------|----------|------------------------|
| Primary  | <i>Heart Failure</i> | How long               | <i>179</i> | How long | <i>not sick at all</i> |
| Immediate  | <i>"</i>             | <i>"</i>               | <i>"</i>   | <i>"</i> | <i>"</i>               |
| Are the name, age, sex, color, date and place correctly given above? |                      | <i>Yes.</i>            |            |          |                        |
| Signature of Physician   |                      | <i>Chas. F. Miller</i> |            |          |                        |
| Address  |                      | <i>North East. Md.</i> |            |          |                        |
| Accident or Suicide?   |                      |                        |            |          |                        |



Name  
in  
Full

Annie Regan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |                            |                                  |  |          |      |
|---|----------------------------|----------------------------------|--|----------|------|
| Died at <i>Elkton</i> <sup>Town</sup>                   |                            | <i> Cecil </i> <sup>County</sup> |  | MARYLAND |      |
| Date of death <i>1907</i>                               | Month <i>May</i>           | Day <i>10</i>                    | Age <i>47</i>                                    | Months   | Days |
| Sex <i>Female</i>                                       | Color or Race <i>White</i> |                                  | Birth-place <i>Del</i>                           |          |      |
| Occupation <i>Seamstress</i>                            |                            |                                  | Where Residing if not at place of death <i>—</i> |          |      |
| Married, Single or Widowed <i>Single</i>                |                            | Name of Wife or Husband <i>—</i> |  |          |      |
| Father's Name <i>John Regan</i>                         |                            |                                  | Father's Birthplace <i>Ireland</i>               |          |      |
| Mother's Maiden Name <i>Julia Regan</i>                 |                            |                                  | Mother's Birthplace <i>"</i>                     |          |      |
| Name of person giving information <i>Marcella Regan</i> |                            |                                  | How related to deceased <i>Sister</i>            |          |      |

PHYSICIAN  
OR CORONER

|   |   |                          |  |
|---|---|--------------------------|--|
| <i>Entered at Elkton</i>  |   | CAUSES OF DEATH          |  |
| Primary <i>Tuberculosis infection</i>   | <i>(27)</i>                                     | How long <i>10 years</i> |  |
| Immediate <i>Consumption of the lungs</i>                                       |   | How long <i>—</i>        |  |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Charles M. Miller</i> |                          |  |
|   | Address <i>Elkton, Del. E. Md.</i>              |                          |  |
| Accident or Suicide?  |   |                          |  |

33



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

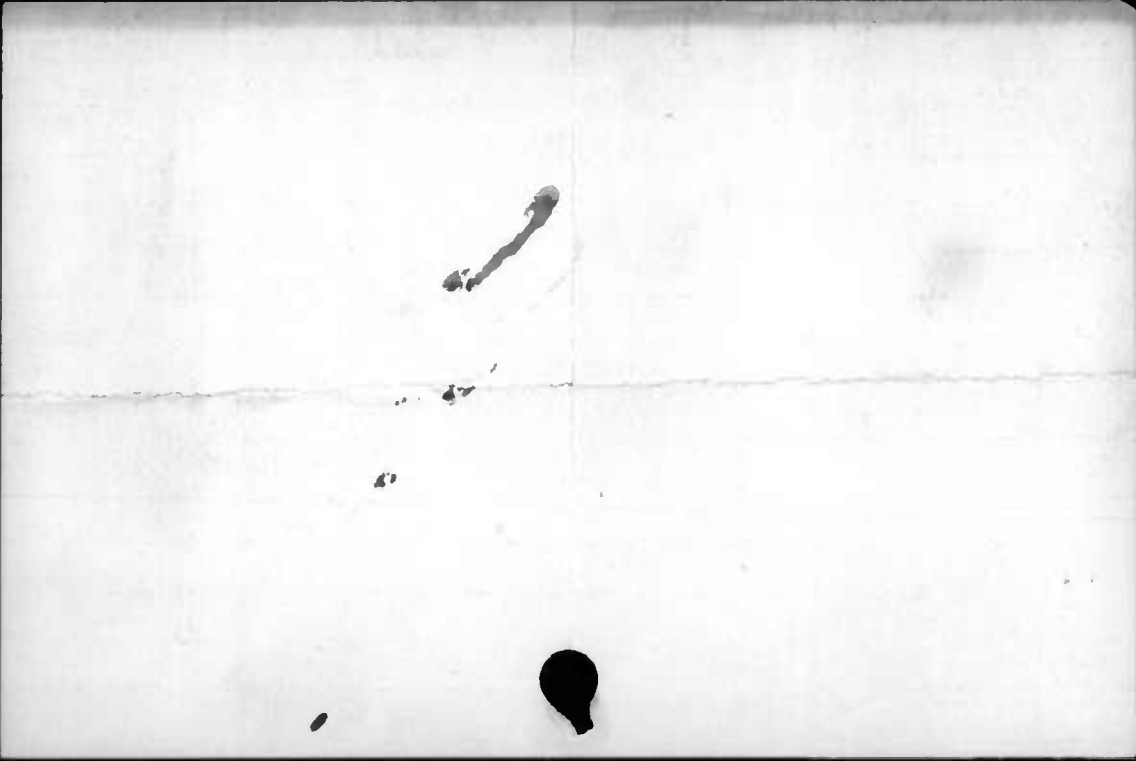
|   |  |   |               |  |       |                 |               |
|---|--|---|---------------|--|-------|-----------------|---------------|
| Died at <i>Plasant-vill</i>                                 |  | Town <i>Seabrook</i>  |               | County                                   |       | MARYLAND        |               |
| Date of death <i>1907</i>                                   |  | Month <i>5</i>  | Day <i>10</i> | Age <i>61</i>                            | Years | Months <i>2</i> | Days <i>5</i> |
| Sex <i>Female</i>   |  | Color or Race <i>White</i>                                  |               | Birth-place <i>Blue Ball, Md</i>         |       |                 |               |
| Occupation <i>House wife</i>                                |  | Where Residing if not at place of death <i>Plasant-vill</i> |               |  |       |                 |               |
| Married, Single or Widowed <i>Married</i>                   |  | Name of Wife or Husband <i>Joseph S. Seabrook</i>           |               |  |       |                 |               |
| Father's Name <i>John Seabrook</i>                          |  | Biler   |               | Father's Birthplace <i>Blue Ball, Md</i> |       |                 |               |
| Mother's Maiden Name <i>Jane Ellen Ewing</i>                |  |   |               | Mother's Birthplace <i>Blue Ball, Md</i> |       |                 |               |
| Name of person giving information <i>Joseph S. Seabrook</i> |  |   |               | How related to deceased <i>Uncle</i>     |       |                 |               |

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary <i>Bright's disease</i>                                      | How long <i>5 yrs</i>                       |
| Immediate <i>Hemiplegia</i>  | How long                                    |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>D. L. Gifford</i> |
| <i>yes</i>   | Address <i>Gibney Md</i>                    |
| Accident or Suicide?   |   |



Name  
in  
Full

Pearl Scott

## CERTIFICATE OF DEATH

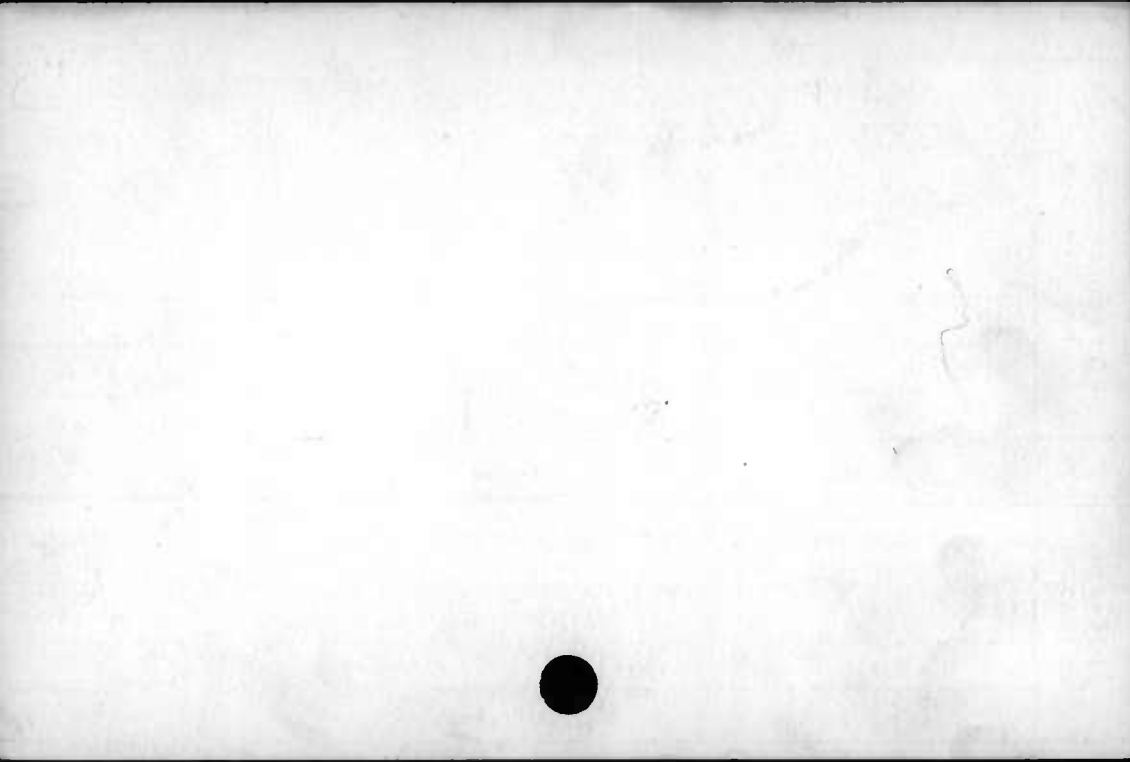
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |                                 |                            |                          |  |
|---|---|---------------------------------|----------------------------|--------------------------|--|
| Died at <u>Port Deposit</u> <sup>Town</sup>         |   | <u>Cecil</u> <sup>County</sup>  |                            | MARYLAND                 |  |
| Date of death <u>20</u> <sup>Month</sup>            | <u>May</u> <sup>Day</sup>                           | Age <u>2</u> <sup>Years</sup>   | <u>4</u> <sup>Months</sup> | <u>—</u> <sup>Days</sup> |  |
| Sex <u>female</u>                                   | Color or Race <u>Caucasian</u>                      | Birth place <u>Port Deposit</u> |                            |                          |  |
| Occupation <u>—</u>                                 | Where Residing if not at place of death <u>Home</u> |                                 |                            |                          |  |
| Married, Single or Widowed <u>single</u>            | Name of Wife or Husband <u>Charles</u>              |                                 |                            |                          |  |
| Father's Name <u>Walter Wance</u>                   | Father's Birthplace <u>Port Deposit</u>             |                                 |                            |                          |  |
| Mother's Maiden Name <u>Mary Scott</u>              | Mother's Birthplace <u>Port Deposit</u>             |                                 |                            |                          |  |
| Name of person giving information <u>Emma Wance</u> | How related to deceased <u>none</u>                 |                                 |                            |                          |  |

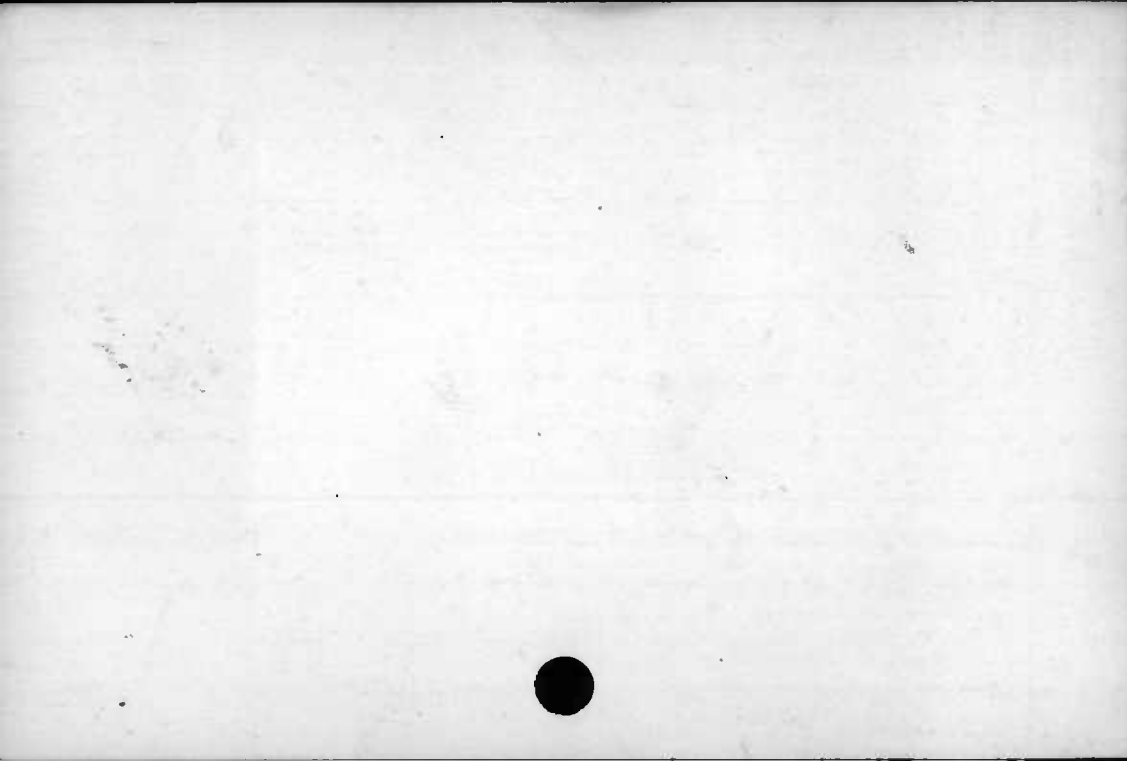
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <u>Lung cancer</u>  | How long <u>1 year</u>                        |
| Immediate <u>Exhaustion</u>   | How long <u>—</u>                             |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>H. D. C. Cannon</u> |
|   | Address <u>Port Deposit</u>                   |
| Accident or Suicide? <u>—</u>   | <u>me f</u>                                   |



|                                  |  |   |  |  |                                       |                        |                |                 |
|----------------------------------|--|---|--|--|---------------------------------------|------------------------|----------------|-----------------|
| Name in Full                     |  | Robert Simmons  |  |  |                                       | CERTIFICATE OF DEATH   |                |                 |
| TO BE ANSWERED BY NEAREST FRIEND |  | Died at <i>Elkton</i> <sup>Town</sup>   |  | <i>Beef</i> <sup>County</sup>                    |                                       | MARYLAND               |                |                 |
|                                  |  | Date of death <i>1907</i>   |  | Month <i>5</i>                                   | Day <i>2</i>                          | Age <i>1</i>           | Years <i>8</i> | Months <i>1</i> |
|                                  |  | Sex <i>Male</i>   |  | Color or Race <i>White</i>                       |                                       | Birth-place <i>Ind</i> |                |                 |
|                                  |  | Occupation <i>—</i>   |  | Where Residing if not at place of death <i>—</i> |                                       |                        |                |                 |
|                                  |  | Married, Single or Widowed <i>—</i>   |  | Name of Wife or Husband <i>—</i>                 |                                       |                        |                |                 |
|                                  |  | Father's Name <i>John W Simmons</i>   |  |  | Father's Birthplace <i>Ind</i>        |                        |                |                 |
|                                  |  | Mother's Maiden Name <i>Maggie Dick</i>   |  |  | Mother's Birthplace <i>Ind</i>        |                        |                |                 |
|                                  |  | Name of person giving information <i>Mary Simmons</i>   |  |  | How related to deceased <i>Mother</i> |                        |                |                 |
|                                  |  | <i>Cherry Hill</i>  |  |  |                                       |                        |                |                 |
| PHYSICIAN OR CORONER             |  | CAUSES OF DEATH   |  |  |                                       |                        |                |                 |
|                                  |  | Primary <i>Meningitis (Cerebro-spinal)</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">61</span> |  |  |                                       |                        |                |                 |
|                                  |  | Immediate <i>Whooping cough</i>   |  |  |                                       |                        |                |                 |
|                                  |  | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>   |  |  |                                       |                        |                |                 |
|                                  |  | Signature of Physician <i>H. Arthur Mitchell</i>  |  |  |                                       |                        |                |                 |
|                                  |  | Address <i>Elkton Ind</i>   |  |  |                                       |                        |                |                 |
|                                  |  | Accident or Suicide? <i>—</i>   |  |  |                                       |                        |                |                 |



Name  
in  
Full

## CERTIFICATE OF DEATH

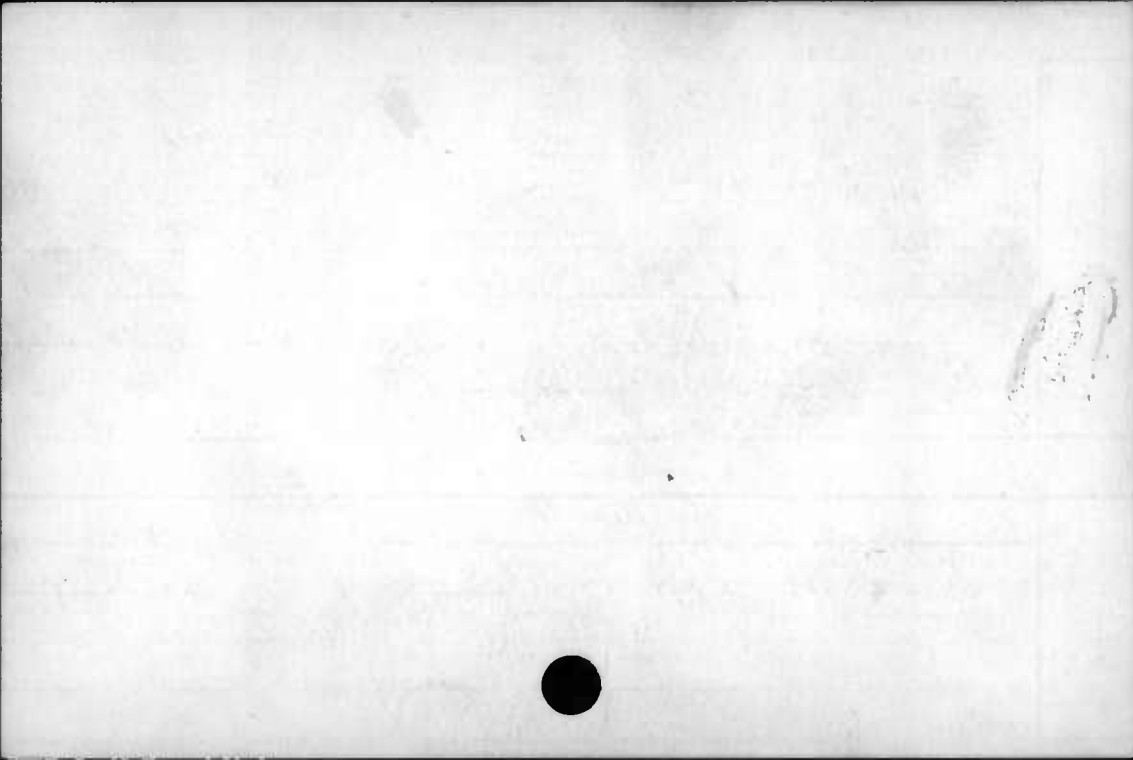
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |  |                                 |  |                       |  |
|---|--|--|--|---------------------------------|--|-----------------------|--|
| Name <i>James Alexander Warfield</i>                    |  | Town <i>Park Deposit</i>                     |  | County <i>Cecil</i>             |  | State <i>MARYLAND</i> |  |
| Died at <i>Park Deposit</i>                             |  | Month <i>May</i>                             |  | Day <i>19</i>                   |  | Year <i>1907</i>      |  |
| Date of death <i>1907 May 19</i>                        |  | Age <i>33</i>                                |  | Months <i>6</i>                 |  | Days <i>18</i>        |  |
| Sex <i>male</i>   |  | Color or Race <i>colored</i>                 |  | Birth-place <i>Park Deposit</i> |  |                       |  |
| Occupation <i>Laborer</i>                               |  | Where Residing if not at place of death      |  |                                 |  |                       |  |
| Married, Single or Widowed <i>Married</i>               |  | Name of Wife or Husband <i>Mary Warfield</i> |  |                                 |  |                       |  |
| Father's Name <i>Gabriel Warfield</i>                   |  | Father's Birthplace <i>Cambridge</i>         |  |                                 |  |                       |  |
| Mother's Maiden Name <i>Sarah Ambery</i>                |  | Mother's Birthplace <i>Cambridge</i>         |  |                                 |  |                       |  |
| Name of person giving information <i>Margaret Henry</i> |  | How related to deceased                      |  |                                 |  |                       |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <i>Typhoid Fever</i>  | How long <i>2 Weeks</i>                    |
| Immediate <i>Perforation of bowels</i>  | How long <i>four hours</i>                 |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>D. H. Fisher</i> |
|   | Address <i>Park Deposit, Md.</i>           |
| Accident or Suicide? <input type="checkbox"/>                                   |  |





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Bealestown

Town

Cecil

County

MARYLAND

Date

of death 1907

Month

5

Day

28

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

MD

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden Name

Celia Harrington

Mother's  
Birthplace

MD

Name of person giving  
In formation

Celia Harrington

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

C. P. Carver MD,

Address

Cherry Hill,

MD

Accident or Suicide?

179



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Chesapeake Bay* Town

Town

County

## MARYLAND

**Date**  
of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-  
place

Occupation

Where Residing if not  
at place of birth

Married, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving information

How related  
to deceased

### CAUSES OF DEATH

Primary

How long

Immediate

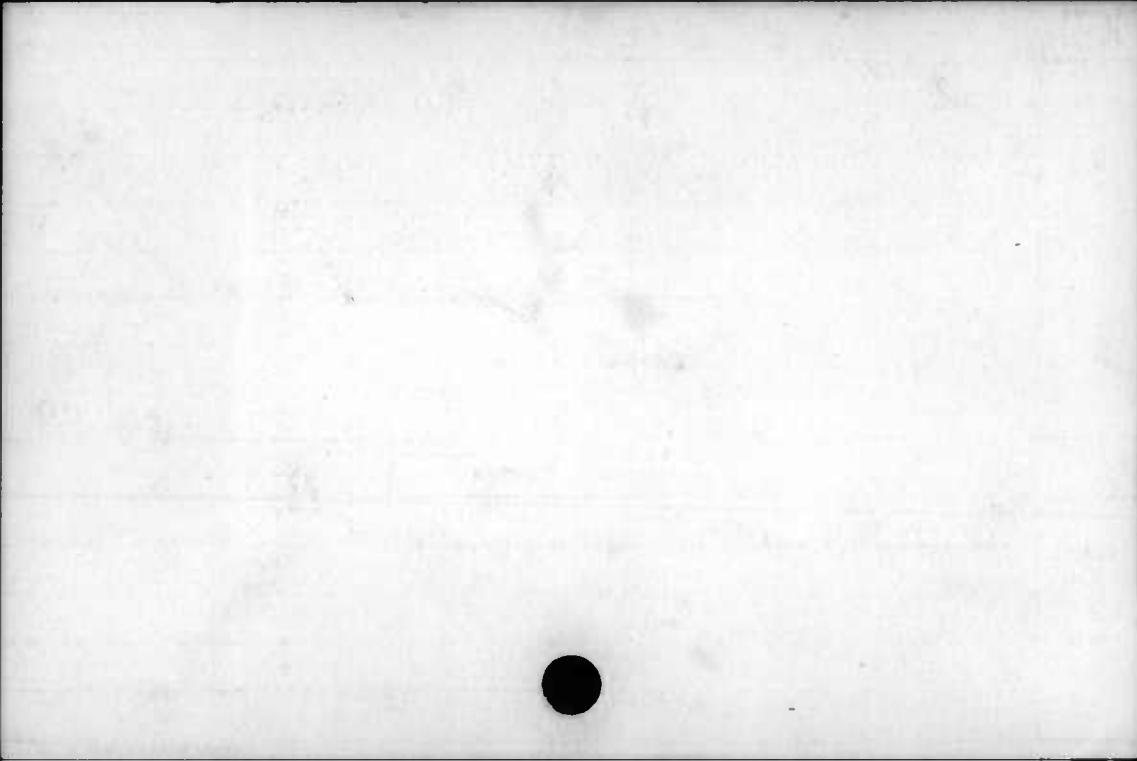
How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

~~Accident or Suicide?~~PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |  |                |             |               |
|-----------------------------------|------------------|--|----------------|-------------|---------------|
| Died at Pleasant Hill             |                  | Wesley County                          |                | MARYLAND    |               |
| Date of death                     | 1907             | Month                                  | May            | Day         | 10            |
| Age                               | 40               | Years                                  |                | Months      |               |
| Sex                               | Male             | Color or Race                          | Black          | Birth-place | Pleasant Hill |
| Occupation                        |                  | When Residing if not at place of death | Place of death |             |               |
| Married, Single or Widowed        | Married          | Name of Wife or Husband                |                |             |               |
| Father's Name                     | William          | Father's Birthplace                    | Pleasant Hill  |             |               |
| Mother's Maiden Name              | Sarah            | Mother's Birthplace                    | "              |             |               |
| Name of person giving information | Kitty Richardson | How related to deceased                | Granddaughter  |             |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                 |                        |                   |
|--|-----------------|------------------------|-------------------|
| Primary  | This was a pure | How long               | 151               |
| Immediate  | marriage birth  | How long               |                   |
| Are the name, age, sex, color, date and place correctly given above? | Yes             | Signature of Physician | D. H. [Signature] |
|  |                 | Address                | Give [Signature]  |
| Accident or Suicide?   |                 |                        |                   |

